


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000067136**

1. Entity Name  
**SOLISOMBRA NURSERY, INC.**



Principal Place of Business  
**C/O RJS  
 201 S. BISCAYNE BLVD., 1600 MIAMI CNTR.  
 MIAMI, FL 33131**

Mailing Address  
**11909 SW 78TH TERRACE  
 MIAMI, FL 33183**



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0655480**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
 201 SOUTH BISCAYNE BOULEVARD  
 1600 MIAMI CENTER  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, ANTONIO E 11909 SW 78 TERR MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NUNEZ DE VIDAL, MARIA A 11909 SW 78 TERR MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/22/07-80050-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Antonio E. Nunez 1/16/07 305-412-5577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #